

APPLICATION FOR PERMISSION TO RESUME GRADUATE STUDIES

OFFICE OF GRADUATE ADMISSIONS  
PENN STATE HARRISBURG  
777 WEST HARRISBURG PIKE  
MIDDLETOWN, PA 17057  
717-948-6250 or 1-800-222-2056

\_\_\_\_\_  
Last Name                                      First Name                                      Middle/Former

\_\_\_\_\_  
Mailing Address                                      Street                                      City/State/Zip

\_\_\_\_\_  
Home Phone                                      Birthdate                                      Social Security Number

\_\_\_\_\_  
Business or School Phone

Citizenship: \_\_\_ U.S.      \_\_\_ Permanent Resident      \_\_\_ Non-Immigrant Visa  
Your application may not be given final approval without financial clearance from OIS

Male \_\_\_    Female \_\_\_    Degree \_\_\_\_\_    Major \_\_\_\_\_    Campus \_\_\_\_\_

Semester/year you were last registered at PSU Harrisburg as a graduate student \_\_\_\_\_

Did you withdraw from the last semester your were registered? Yes \_\_\_ No \_\_\_

Do you plan to attend:      Summers Only \_\_\_\_\_      Continuously \_\_\_\_\_

Semester you wish to resume studies \_\_\_\_\_  
   Semester                                      Year                                      Campus

I understand that submitting this application does not assure approval.

\_\_\_\_\_  
Student's Signature                                      Date

Please contact your academic department ten days after you submit this form for resume status and registration information.

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ACTION OF DESIRED MAJOR DEPARTMENT: \_\_\_\_\_  
   MAJOR                                      DEGREE/CERT

ACCEPTED \_\_\_\_\_      SEMESTER \_\_\_\_\_      YEAR \_\_\_\_\_

REFUSED \_\_\_\_\_  
   REASON FOR REFUSAL

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD OF GRADUATE OFFICER                                      DATE